MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03907 CERTIFICATE OF DEATH PLACE OF OFATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE MARYLAND c. LENGTH OF STAY IN 1b. OR TOWN Ut outside carporote limits, write RURAL and give nearest town) OR TOWN (If outside cornarate limits write RURAL and give nearest town) lenton 24 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO carban NAME OF First Middle DATE Doy Year DECEASED completely enneth (Type or print) 0 **OEATH** requires that the death certificate be execufed SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. remove lost birthdoy) Months Hours WIDOWED and in any Colored OIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY. please 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET ANO OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), OUF TO stoting the underlying couse the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO I **DIRECTOR:** After this certificate for 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that((1) attended the deceased from 3// and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an\_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING OIRECTOR M.O. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67

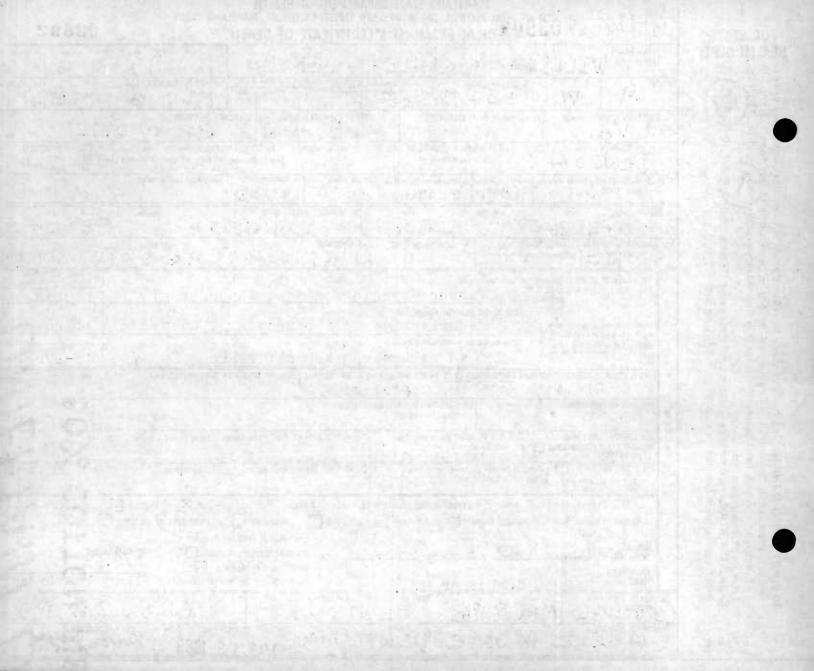
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1_1	1	MARYLAND STATE DEPARTMENT OF HEALTH  03908 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13893
HEALTH DEPT!		DECEASED NAME First Middle Lost 20. DATE KNOWN Manth Day (Type or Print) The Day of ESTI-	
y is		william Earl Christopher, Jr. DEATH MATED 3/31	19639P M
de la	3. 5	Male White S. DATE OF BIRTH  Mar. 15, 1937  6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Month 4 Day 10	Yeor 1958 2P M
(1)		BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   USA   WIDOWED   DIVORCED   Caroline	Md
death Page with fr		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Near Preston  12b. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  IND  Fisherman	Self-emp.
ofter 3. Give along with the	13a. o	a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 CITY OR TOWN odmission) STATE Md. 13b. COUNTY Talbot Easton YES NO X RFD #3, Box 18	
hours Item 1 Office 1 and 2	14. 1	FATHER'S NAME First Middle Lost 1.5 MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item 18 r's Office es land 2			opkins
thin 24 ncil in niner's pages haurs	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 90, 81 unknown) (If yes give wor or dates of service)  216. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  216. 36. 8899  LI Fari Christophor Footon Md	200
d within in pencil Examine Examine File pag	-	214-34-6099 W. Earl Chilistopher, Easton, Md.	APPROXIMATE INTERVAL
uted griginal ital		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ASDAYXIBTION	minutes
Med Med		830 V DUE TO, OR AS A CONSEQUENCE OF	112 110 00 0
be "pe hief ansit	3	Conditions, if ony, which gove (b) Drowfing	minutes
*AL EXAMINER: This certificate should be executed within execute the certificate, writing the word "pending" in pencil or. Page 4 should be forwarded to the Chief Medical Examine of your files.  **TOR:*Page 3 should be used as a burial-transit permit. File page uriol, cremation, or removal, and in any event within 72 hau		stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) Alcoholism	hburs
ate so the solution of the sol		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
rific rifing rarde ra as ra as	NOI	850 × 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writing be forward do be used a corremoval,	CERTIFICATION	WAS PERFORMED?	YES NO 7
Thi fication be ld be or r	CERT	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	
CAMINER: The the certificate 4 should by age 3 should cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING 9 HOUR A.M. 3/31/19 68 Boat overturned and could no	t make it
MIN the the 4 sh 4 sh 2 fill ur fill u	×		aunty Stote
EXA cute oge r yau :Pag		WHILE NOT WHILE OF Coctory, office building, etc.)  AT WORK AT WORK C, on tank, river hear RFD Preston Caroline Marylan	
bical Examiner: se execute the certification. Poge 4 should need for your files. ECTOR: Page 3 should buriol, cremation.		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinion
leose director direct		CHIEF MEDICAL EXAMINER	
AL DAL D		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	1ED
ro DEPUTY SICAL EXAM necessary, pleose execute the funerol director. Poge 4 5 may be retoined for your for FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) Hrold B. Plummer M.D. Deputy Medical Examiner Address (Street, city, town, or county)	.6
10 To 1	230	PFMOVAI (Specify)	unty) (Stote)
9 34	24	REMOVAL (Specify)  4-12-68  Junior Order Cemetery  Preston, Caroline  FORmula (h)  ADDRESS  250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 35 SIGN	Maryland
19/68 VR A15ME (5)		Financial Director Frameson, Sp., Address 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
TOM KEY. ITOO	-	Thompson I married would be a few or the state of the sta	1

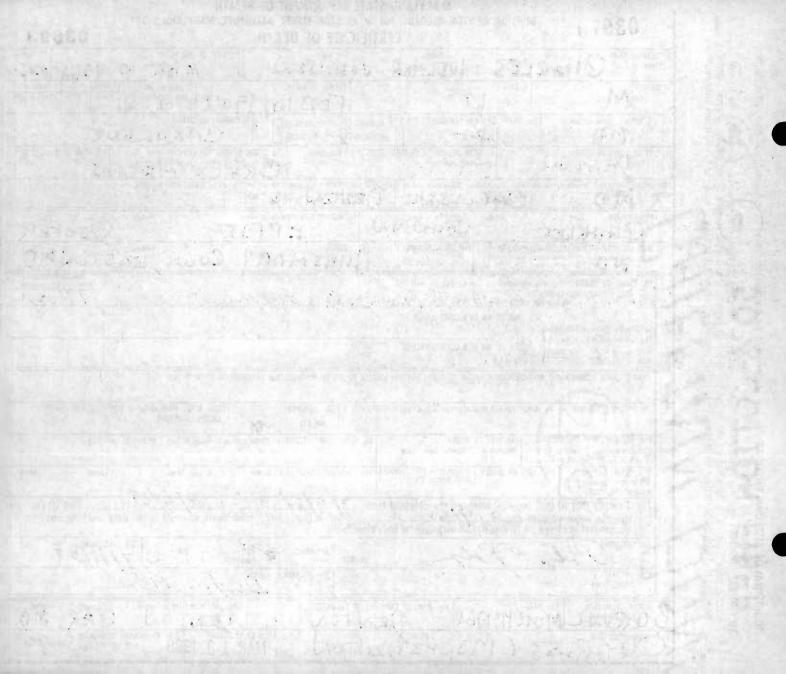
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	and the second			

	20	28 FILLINDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2000
FOR STATE		3/18/68 kk U39 UMEDICAL EXAMINER'S CERTIFICATE OF DEATH	03898
HEALTH DEPT.		ECEASED-NAME First Middle Last 2 29. DATE KNOWN Month	Day Yeor 2b. HOU
Poge of is	(	Type or Print) WILLIAM MCKINLEY CROPP DEATH MATED 3	6 168
	3. S		, 2d. HOU
P. de		M W FEB4, 1903 ES YRS, MONTHS DAYS HOURS MIN. MINTOR COS	Year 1968 10 P
farm farm	raun	MIDOMED DIVORCED DIVORCED DIVORCED	NE,
death viith the State	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during anostos working life, even prefired.)	12b. KIND OF BUSINESS OR INDOSTRY WITH CH
alang along along death.	13a.	USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER dmissian) STATE   13b. STREET AND NUMBER	
thaurs Office Office after d	14. F	ATHER'S NAME Pirst Middle CROPP IS. MOTHER'S MAIDEN NAME First Middle CROPP CORNELLA	SEACH-
I within 24 n pencil in Examiner's File pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17, INFORMANT  (If yes give war or dates of service)  17 WRS. WM. CROPP SET	MY COLL
		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPRDXIMATE INTERVAL
nauld be executed ward "pending" in the Chief Medical E rial-transit permit. F any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) erebroVascularAcc dent (haomrhage)	Minutes
W d ←		412 DUE TO, OR AS A CONSEQUENCE OF	
ould be exvard "pend ne Chief Me		Conditions, if any, which gave (b) Hypertensive CardioVascular Disease	lOyrs
shauld e ward a the Cl ourial-tra in any		stoting the underlying cause C DUE TO, OR AS A CONSEQUENCE OF	
		(c) Generalized Arteriosclerosis	15-20rs
0 + + 0		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
verificate writing the rwarded to used as a may and may are may and may are ma	NO	4+3 x Diabet s Mellitus Contolled	
	CERTIFICATION	19a. Date of operation 19b. Condition for which operation was performed?	20. AUTOPSY?  YES □ NO 本
be be	ERTII	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, It	
7 7	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	UII 10.,
INE sha sha file file a sh	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town	County State
EXAMINER: cute the certi age 4 shauld r yaur files. Page 3 shauld, crematian,		WHILE NOT WHILE CONTROL OFfice building, etc.)	
111 3 3 4		22a. I certify that I taak charge of the remains described obove, held an Autopsy , Inspection X, Inquiry X	and in my apinia
JICAL E. Ilease execudirectar. Pagestained for DIRECTOR: For taburial,		death resulted flam: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
please e director retained DIRECT		CHIEF MEDICAL EXAMINER	
0	3	SIGNATURE JULIE 122b. DATE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	
DEPUTY ecessary, p er funeral may be re FUNERAL ealth pria		EXAMINER'S DEPUTY MEDICAL EXAMINER	
O DEPUTY necessary, the funeral 5 may be O FUNERAL Health pri	00	NAME (Type) harold B. Flummer M.D. ADDRESS(Street, city, town, or county Parolin	
5 = 5 5	12	BURIAL, CREMATION, REMOVAL ISAGEITY  A RE 9 196 23C. NAME OF CEMETERY OR CREMATORY  PLATON  23d. LOGATION (City, or Town)	(County) (State)
141	24	FUNERAL DIRECTOR MORE DENTRON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S APORESS TON MO 25g. REC'D BY REGISTRAN APORESS TON MO 25g. REC'D BY REGISTRAN APORESS TON MO 25g. REC'D BY REC'D BY REGISTRAN APORESS TON MO 25g. REC'D BY REC'D	
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MARYLAND STATE DEPARTMENT OF HEALTH



				MARYLAND STATE DEPARTMENT OF HEALTH	
, 1				DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
10			100	CERTIFICATE OF DEATH	03893
	4 _ 24			DECEASED-NAME 20. DATE OF DEATH	2b. HOUR
	deat ond deat	433	(	(Type or print) CHARLES WILMER JOHNSON MYSTR POR 14	28 11:150 N
	fur fur ter		3. SI	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IFUNDER	
	rs ofter death. the funeral ages 1 and 2 rrs ofter death.			M FEB10, 1907 last bithday) YRS. MONTHS	DAYS HOURS MIN
	24 hours ofter death		7o.	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH unity)	
	2 4 2			WIDOWED OF DIVORCED OF STROLDNE	Md
	within per within within	00		give street oddress) during most of working life, even if retired.) INDUST	IND OF BUSINESS OR TRY
	be executed within ond completely fill seeman or carbon of in any event, within	05	13a. adm	a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before rissian) PLATE   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c   17 OR TOWN   13d   17 OR TOWN   17 O	
	ond only only in only	1	14.	FATHER'S NAME First Middle Lost ON 15. MOTHER'S MAIDEN NAME First Middle	Last
				CHARLES JOHNSON EFFIE CO	DOPER
	S S C		160.	NO. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, achieve (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  MRS MBRY COOK  Address  Address  Yes, na, achieve war or dates of service)	NMD.
	eath certifending phy nit. Then or remova			1 Io. LAUSE OF DEATH ICITIES ONLY ONE COUSE DES INTERIOR TO IO. ID. ONG ICI.)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	equires that the death ce physician. signed by the attending burial-tronsit permit. The		-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cut Mysic Archiel in Traction	11/201
	afte on, c			4/09 DUE TO, OR AS A CONSEQUENCE OF	
	t the			Conditions, if any, which gove rise to immediate couse (a), (b)	
	tha an. by ron			stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	res /sici			last. (c)	
	IAN: The law requires that the all or ottending physician. ficate has been signed by the after use as the burial-transit per the other than the burial transit per the other than the burial, cremation,		7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	The law re ottending has been se as the h prior to		CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
	The offer has se a th pu	1	STIFIC	YES NO-TS CAUSES OF DEATH?	
	ICIAN: The pital or of rifficote had for use of Health				
	YSICIAN: lospital or certificate ched for un		MEDICAL	G □ or contributing □ cause of oeath HOUR A.M. Month Day Year 5 (If either, notify medical examiner) P.M. 19	
	by the hospital or by the hospital or After this certificate be detached for u State Dept. of Heol	3	W	21d. INJURY OCCURRED While Not while at work at work at work with the street of the st	State
	ing the state of t			22g.   certify that (1) (this haspital) attended the deceased from . 2/9/67 . 19 ta . 3/9/6/19	that (I) (we) last
	R ATTENDING retoined by the RECTOR: After 13 should be diwith the State			saw the deceased olive on 3 19 19 19, and that in (my) (our) opinion death occurred on the date and he causes stated above, (I) (we) (did) (did not) view the body after death.	nour ond from the
	L OR ATTENDING be retoined by t DIRECTOR: After ge 3 should be of			22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRE	ED P
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tron should be filed with the State Dept. of Health prior to burial, cre	1		22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS  Devilor Mcl	
	HOS ge 4 UNI		263	BURIAL, CREMATION, 23b. DATE COUNTY, PENOVA DESCRIPTION (City or Town) (County)	(State)
	5 5 5 p	0	C	DENTON CA	K. MD.
	VR A15 ( 30M REV.)		24	THE PROPERTY OF THE PROPERTY O	Judges



	03911 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03894
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month OF ESTI- DEATH MATED 3-10	Day Year 2b. HOUR
i 5 8 12	(Type or Print) Frank T. Reese OF ESTI- 3-10	0-68 19 11A M
and 3	3. SEX Male White S. DATE OF BIRTH 10-7-1907 6. AGE [In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD Months   Days   Hours   Min.   Months   Days   Doylo	Year 68 11A N
1, 2, m m Pr	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
s o o	(duntry) Penna. U.S.A. WIDOWED DIVORCED Caroline	Mo
hours ofter deoth ltem 18. Give Poges Office along with for ond 2 with the Safe ofter deoth.		12b. KIND OF BUSINESS OR INDUSTRY T
fter de cong w ong w th the the		INDUSTRY T.V.
s ofter 18. Give along a deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN  odmission) STATE  Odmission) STATE  13b. COUNTY Caroline Henderson YES Now  None	
hours ofter deo frem 18. Give Po Office along with 1 and 2 with the S		
		Last
hin 24 ncil in niner's pages hours	Harvey Reese Mary F. Paily  166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
within pencil xomine xomine 72 hou	(Yes, no or unknown) (If yes give war or dates of service) 163-09-0316 Dorothy Reese Henderson, I	harvl and
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
utec grij ical ithii	PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a) Pulmonary Edema(right Sides Heart Failur	BETWEEN ONSET AND DEATH
xecuted nding" ir Medical   permit.	DUE TO, OR AS A CONSEQUENCE OF	ul luces
be executed "pending" in iief Medical E insit permit. F event within	(Conditions, if any, which gave)	6-7 vrs
ould I vord he Ch al-tra any	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief of the c	lost ( ?Bronchial Asthma	?
g the sed to ed to and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica fing irde os al, o	Chronic Trostatiss HYp rtensive Cardio Vascular Diseasa	
nis certifice, writing the writing forward of used of removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES NO
불등 끝이	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	m 18.)
3 S file	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	County State
EX Scuttory or y R: Po	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	, ond in my opinion
ICAL I exector. Population Population CTOR:	deoth resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner [	
please e director retained DIRECTOR TO DIRECTOR	CHIEF MEDICAL EXAMINER	
y, ple erol di se retr sal Di prior	SIGNATURE CON DECENTION M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	UGNED ,
EPUTY essany, funerol oy be JNERAL Ith pri	EVAMINEDIC DEPUTY MEDICAL EXAMINER 3/	13/68
o DEPUTY SICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) Harold B. Plummer M.D. ADDRESS(Street, city, town, or county) Preston	aro.ine
TO DEPU necessor the fune 5 moy b TO FUNER Health	23d. BURIAL, CREMATION, BURIAL, CREMATORY  3-13-68  23c. NAME OF CEMETERY OR CREMATORY  Templeville  23d. LOCATION (City or Town)  Templeville,	(Caunty) (State) CarolineMd.
110	24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
VR A15ME (5)	J. G. Boulan Stream oron md. WAR 15 1968 Chimile	and the

MARYLAND STATE DEPARTMENT OF HEALTH

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na	DIVI					201	
Uu.	177		CERTIFICATE OF I	DEATH		0.3	895
1. DECEASED-NAME	First	Middle	Last	2a.		Day Year	2b. HOUR
					March		
3. SEX	4. R				last birthda	OUTS IF UNDER 1 YEAR  y) MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
					14 83	YRS.	
country)		IZEN OF WHAT COUNTRY?		TED .			
			(A)			La Lau wun e	Mo
		give street oddress)	NSTITUTION (IT not in naspital	during most of	warking life, even if re	etired.) INDUSTRY	
reder a	Where deserred liver	203 E. Cen	tral Ave.	Housew	rife	at	home
admission) STATE .	13b	COLINTY					
	7						Last
the second			13. MOTTER 3 MAI				
		RCES? 16b. SOCIAL SECURITY	(NO. 17. INFORMANT (C	mary	Ad		
Yes, no, ar unknawi			- 1	d L. Sta	cv. Jr., Fe	03 L. Cent	ral Ave.
	FATH (Enter only one				3/7 3/3 13	APPRO	XIMATE INTERVAL
PART 1. DEA	TH WAS CAUSED BY:		Carcinoma o:	f the 1	iver	-	n ths
197,	Y		F			- Inc	1 0110
Conditions, if on	v. which gave )						
rise to immedia	etlying couse(D)	1 /	F				
last. 15	(2)	(c)					
PART 2. OTHER	SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
₹ Arteri	osclerot	le cardiovas	cular diseas	se with	decomper	sation	
19a. DATE OF OPE	RATION 19b. CONDIT	ON FOR WHICH OPERATION WAS F			20b. IF YES, WERE FIN	IDINGS CONSIDERED IN	CERTIFYING
RTIE							
				JRRED (Enter natur	re of injury in Part 1 ar	Port 2, Item 18.)	
(If either, notify	medicol exominer)	P.M.	19	200			61.1
While Not w		OFFICE BUILDING, ETC.	ACIONT.) 211. LOCATION Street	or R.F.D. No.	City or lawn	County	State
at work at w	ork 🖳	-:	1064	10	to 2 10	C 000 +b-	+ /I\ (a\ I=-
saw the	deceased alive a	3-10-68	19 and that in (my	(our) opinian	death accurred an	the date and have	r and fram the
causes	tated abave, (I) (	we) (did) (did nat) view the	bady after death.	, (001) 0		THO GOTO GITG TIGO	
22b. SIGNATURE	· V · ·	20	M. D. ATEMPING	MED.	C STAFF C	22c. DATE SIGNED	
agra	uk M.	unders	DEGREE PHYS.	DIRECTO	OR L PHYS. L	March 1	2/1968
22d. PHYSICIAN'S NAME (Type	1		. D. 22e.300R	W. Ce	ntral Ave	. Federa	lsburg
-	DI FI GIIF		CONTROL OF COUNTY				
23a. BURIAL, CREMATI REMOVAL (Specif	4				, ,		(Stote)
		13, 1968 Wice	omico Memorial	Park I.S.	alisbury,	WICOMICO.	Maryland
		Y. SALTSBURY	MARYLAND	DATE MAK I	8 1968	Charles Ja	THE PERSON NAMED IN
	1. DECEASED-NAME (Type or print)  3. SEX  Fema 1e 70. BIRTHPLACE (Stote country) Mary 1a 10. CITY OR TOWN OF  Federa 13a. USUAL RESIDENCE admission)  14. FATHER'S NAME  16a. WAS DECEASED E Yes, no, or unknown No  18. CAUSE OF DEVELOPMENT OF PART 1. DEA  19a. DATE OF OPE  19a. DATE OF OPE  19a. DATE OF OPE  21a. ACCIDENT V 19a. DATE OF OPE  22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type  23a. BURIAL, CREMATI REMOVAL (Sparing PART) 24. FUNERAL DIRECTO	1. DECEASED-NAME (Type or print)  AGGIE  3. SEX  Female  70. BIRTHPLACE (Stote or fareign country)  Maryland  10. CITY OR TOWN OF DEATH  Federalsburg  130. USUAL RESIDENCE (Where deceased liver admission)  STATE  Maryland  14. FATHER'S NAME  First  William  16a. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no, ar unknown)  NO  18. CAUSE OF DEATH (Enter anly one PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAU  Conditions, if ony, which gave is to immediate cause (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITION  Artarios clarot  19a. DATE OF OPERATION  19b. CONDITION  Artarios clarot  19a. DATE OF OPERATION  19b. CONDITION  Artarios clarot  21d. INJURY OCCURRED While of work  22a. I certify that (I) (this has saw the deceased alive a causes stated abave, (I) ( 22b. SIGNATURE  22d. PHYSICIAN'S Frank NAME (Type)  Dr. Frank  23a. BURIAL, CREMATION, REMOVAL (Specify) BUT 1 at March  24. FUNERAL DIRECTOR	DIVISION OF VITAL RECORDS  1. DECEASED-NAME (Type or print) MAGGIE JANE  3. SEX JANE  3. SEX JANE  7. BIRTHPLACE (Stote or foreign country) Maryland USA  10. CITY OR TOWN OF DEATH JINAME OF HOSPITAL OR II give street oddress)  Federalsburg J3b. COUNTY Caroline  13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland I3b. COUNTY Caroline  14. FATHERS NAME First Middle Lost William Arvey  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknawn) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  1977 DUE TO, OR AS A CONSEQUENCE OF DEATH (I) or AS A CONSEQUENCE OR COnditions, if ony, which gave rise to immediate cause (a), stating the underlying couse (b).  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS FOR CONTRIBUTING TO DEATH BUT ARTER, notify medicol exominer)  21a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS FOR CONTRIBUTING TO DEATH BUT HOUR AM Manth Day Year Hou	DIVISION OF VITAL RECORDS, 301 W. PRESTON STR  CERTIFICATE OF  1. DECEASED-NAME (Type or print)  MAGG IE  3. SEX  4. RACE  5. DATE OF BIR  Novembe  70. BIRTHPLACE (Stote or foreign country)  Maryland  10. CITY OR TOWN OF DEATH Federalsburg  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  Maryland  131. LOUNTY  Maryland  14. FATHERS NAME  William  Middle  Lost  15. MOTHERS MAI  William  Maryland  160. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave mise to immediate cause (a), stating the underlying couse lost.  17. MARCO PERATION  19. DATE OF OPERATION  19. CONCRIBEUTING  10. ACCIDENT WAS UNDERLYING  10. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  ACCIDENT WAS UNDERLYING  10. ACCIDENT WAS UNDERLYING  10. PART 2. CHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  10. PART 2. CHERT SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  10. PART 2. CHERT SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  220. AUTOP  PART 2. CHERT SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  221. HOWER AND PART SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  222. ACCIDENT WAS UNDERLYING  10. CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  223. BURNAL CREMATION,  REMOVAL (Specify)  ADDRESS  224. PHYSICIANS  ADDRESS  ADDRE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOL CERTIFICATE OF DEATH  1. DECEASED-NAME (Type or print)	L DEEASED NAME (Type or print)  AGG IE  JANE  STACY  March Model  Caroline Federalsburg  136. CUTY OR TOWN  136. CUTY OR TOWN  136. SCREET AND NUN  136. STREET AND NUN  136. SCREET AND NUN  136. SCREET AND NUN  136. SCREET AND NUN  136. SCREET AND NUN  137. INFORMANT (Son)  March M	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  (Type or print)  MAGGIE  JANE  STACY  March  10  Model  MAGGIE  JANE  STACY  March  10  March  10

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1	V	03913 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film G39	98 3/13/68 kk
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3897
HEALTH DEPT.		DECEASED-NAME First Middle , Less 20 DATE KNOWN CO Month I	Day Year 2b. HOUR
Poge 15		(Type or Print) EDNA WATHERANE TRACE DEATH MATED 3	L 1968 M
M3.	3. 9	SEX / A. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. MONTH Day 4	Year 1968 2d. HOUR
Lord Control of the C		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OLD WIDOWED DIVORCED DIVORCED DIVORCED	E Md.
Give Poges and with far the State.		HICKMAN give street address) during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
s often 18. Gine of the solong solong solong death.	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before HTCKMAN YES NO   136. STREET AND NUMBER HTCKMAN YES NO	
24 hours In Item 1 Is Office Is Office Is offer d	14.	FATHER'S NAME First Middle BREED ING 15. MOTHER'S MAIDEN NAME First Middle RE	4 NO LOS
I within 24 n pencil in Exominer's File pages 77 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar un frown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT CHARACTER ADDRESS ADDRESS TO THE PROPERTY OF THE PR	ON, MO,
Adding" i		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Ketoeis due to uncontried Disbetcs  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), (b) Cerebral Arteriosclerosis with Dementials	APPROXIMATE INTERVAL BETWEEN OMSET AND GEATH 23-5day 17-8yrs
wor the triol-		stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF    lost.   260	?
s a and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th rwarded t	NO	Bilateral Catabacts  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certificate, writing te, writing farward a ne used a removol,	CERTIFICATION	WAS PERFORMED?	YES NO EX
Th ifico d be d be old b	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 15 Part 1 or Part 2, Item HOUR A.M. P.M. 19	
3 3 4 8 6	MEI	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, farm, street, at work   NOT WHILE   AT WORK   AT W	Caunty State
JIY DICAL  JIY, pleose exected director. P be retoined for RAL DIRECTOR.  prior to burial			and in my opinian  GNED
TO DEPU necesso the fun 5 may TO FUNE Health	230	NAME (Type) 82010 B. PTUM 32 B. ADDRESS(Street, city, town, or county) Preston  BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY  JEMOYAP(Specify) 1968 CN CORD	Caroline County) (Store) AR, MD.
VR A15ME (5) 10M REV. 1/68	24.	ENTERAL PIRECTOR 250. MOORE DENTON MD 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAL DIE NAR 11 1968 OCLOR	GNATURE CALLER

